We claim:

1. A method for providing effective pain management in humans for a time period of about 24 hours, comprising

preparing a solid, controlled-release oral dosage form by incorporating an analgesically effective amount of an opioid analgesic into a controlled release dosage form which provides in-vitro dissolution rate of the dosage form when measured by the USP Paddle Method at 100 rpm at 900 ml aqueous buffer (pH between 1.6 and 7.2) at 37° C from about 12.5% to about 42.5% (by wt) opioid released after 1 hour, from about 25% to about 65% (by wt) opioid released after 1 hour, from about 25% to about 65% (by wt) opioid released after 2 hours, from about 45% to about 85% (by wt) opioid released after 4 hours, and greater than about 60% (by wt) opioid released after 8 hours, the in-vitro release rate being substantially independent of pH and chose such that the peak plasma level of said opioid analgesic obtained in-vivo occurs from about 2 to about 8 hours after administration of the dosage form.

2. The method of claim 1, further comprising preparing said substrate for oral administration by coating said opioid analgesic onto the surface of pharmaceutically acceptable beads, coating said beads with a pharmaceutically acceptable hydrophobic polymer, and preparing an oral dosage form by placing a sufficient quantity of cured coated beads into a capsule to provide a once-a-day dosage form.

3. The method of claim 1, further comprising orally administering said dosage form to a human patient once a day.

4. The method of claim 1, wherein said opioid analgesic is selected from the group consisting of hydromorphone, oxycodone, dihydrocodeine, codeine, dihydromorphone, morphine, buprenorphine, salts of any of the foregoing, and mixtures of any of the foregoing.

5. The method of claim 1, wherein said dosage form provides a peak plasma of said opioid analgesic from about 4 to about 6 hours after administration.

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